

NOV 23 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38781

1. PLACE OF BIRTH

County St. Louis
Township North Central
City Weldon

Registration District No. 789
Primary Registration District No. 6033
(No. 6400 Plymouth)

File No. _____
Registered No. 299
St. _____ Ward _____

2. FULL NAME

George J. Pike
(a) Residence, No. 4517 Newberry Terrace Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 31, 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 11 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Waynes Electric Co.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oaklahoma

MOTHER FATHER 13. NAME William C. Pike

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Heta Shelton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT William C. Pike (ADDRESS) 4517 Newberry Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Nov 1, 1937

19. UNDERTAKER A. Kron & Co. (ADDRESS) 2707 N. Grand Blvd.

20. FILED 10/29 1937 Ed. Bachner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19....., to _____, 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Electric Shock
while performing his duties as an Electrical plant of company in contact with 3000 Volts of Electricity.
Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 10/27, 1937

Where did injury occur? Weldon, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury Electric Shock

Nature of injury Electrocution

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify _____

(Signed) John O. Connelley M. D.

(Address) Forrest Springs, Ark.

A KRON. LIVERY &

Undertaking Co.

Address 2707 N. Grand Blvd

St. Louis, Mo.

EMBALMER'S CERTIFICATION

This is to certify that I, the undersigned, a licensed embalmer, personally and efficiently embalmed the following described cadaver:

Full name George J. Pike Race White

Place and date of death 6400 Plymouth St. Wellston, Mo 10/27/37

~~Physician~~ (or Coroner) signing Certificate Dr. John O'Connell

Place and date of Embalming 2707 N. Grand Blvd

Remarks.....

Signed Elton R. H. Remelius Missouri License No. 3154